



# Political Party Qualification Petition

A political party that does not qualify to hold a primary election may qualify to nominate its candidates by presenting a petition.

FOR FILING  
OFFICE ONLY

Filed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Document # \_\_\_\_\_

By: \_\_\_\_\_  
Deputy or Filing Officer

PETITION TO BE SUBMITTED TO COUNTY ELECTION ADMINISTRATOR FOR VERIFICATION OF SIGNATURES

We, the undersigned registered voters of the state of Montana hereby request that in accordance with [13-10-601](#), MCA, the names of the candidates running for public office from the \_\_\_\_\_ Party be nominated as provided by law.  
Name of Party

The principle represented by the Party is:

\_\_\_\_\_  
(five words or less)

## WARNING

A person who purposefully signs a name other than the person's own to this petition, who signs more than once for the same issue at one election or who signs when not a legally registered Montana voter is subject to a \$500 fine, 6 months in jail, or both. Each person is required to sign the person's name and list the person's address or telephone number in substantially the same manner as on the person's voter registration card or the signature will not be counted. In place of a residence address, the signer may provide the signer's post-office address or the signer's home telephone number.

				For County Election Office Use Only	
Signature	Date Signed	Residence Address or Post-Office Address or Home Telephone Number	Printed Last Name and First and Middle Initials	Leg. Rep. Dist #	Rsvd
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

COUNTY \_\_\_\_\_

Submit this form to County Election Administrator with [affidavit](#) attached to each sheet or section of up to 25 sheets.

Updated January 20, 2017



# Political Party Qualification Petition - Reverse

A political party that does not qualify to hold a primary election may qualify to nominate its candidates by presenting a petition.

FOR FILING  
OFFICE ONLY

Filed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Document # \_\_\_\_\_

By: \_\_\_\_\_  
Deputy or Filing Officer

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\_\_\_\_\_  
(five words or less)

**WARNING** - A person who purposefully signs a name other than the person's own to this petition, who signs more than once for the same issue at one election or who signs when not a legally registered Montana voter is subject to a \$500 fine, 6 months in jail, or both. Each person is required to sign the person's name and list the person's address or telephone number in substantially the same manner as on the person's voter registration card or the signature will not be counted. In place of a residence address, the signer may provide the signer's post-office address or the signer's home telephone number.

				For County Election Office Use Only	
Signature	Date Signed	Residence Address or Post-Office Address or Home Telephone Number	Printed Last Name and First and Middle Initials	Leg. Rep. Dist #	Rsvd
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

COUNTY \_\_\_\_\_

Submit this form to County Election Administrator with [affidavit](#) attached to each sheet or group of up to 25 sheets.



# Affidavit of Petition Signature Gatherer

An affidavit must be attached to each sheet or section submitted to the election administrator. Separate sheets of a petition may be fastened to this affidavit in sections of not more than 25 sheets.

AFFIDAVIT FILED WITH ELECTION ADMINISTRATOR

I, \_\_\_\_\_,  
(printed name of person who is the signature gatherer)

swear that I gathered the signatures on the petition to which this affidavit is attached on the stated dates, that I believe the signatures on the petition are genuine, are the signatures of the persons whose names they purport to be, and are the signatures of Montana electors who are registered at the address or have the telephone number following the person's signature, and that the signers knew the contents of the petition before signing the petition.

\_\_\_\_\_  
Date on which the first signature **attached** was gathered

**(Do *NOT* sign on the line below before gathering the signatures  
on the petition(s) that you attach to this affidavit.)**

\_\_\_\_\_  
Signature of petition signature gatherer

\_\_\_\_\_  
Address of petition signature gatherer

\_\_\_\_\_  
City, state and zip code

NOTARY OR AUTHORIZED OFFICER – DO NOT FILL OUT THIS SECTION UNTIL AFTER THE SIGNATURES GATHERED HAVE BEEN ATTACHED TO THIS AFFIDAVIT

State of Montana

County of \_\_\_\_\_

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.  
*Printed Name of Signature Gatherer*

**Where to file Petition and  
Affidavit:**

County Election

Administrator's Office

A list of county election  
offices may be found at:

[sos.mt.gov/elections](http://sos.mt.gov/elections)

\_\_\_\_\_  
Signature of Notary or Public Official

\_\_\_\_\_  
Printed Name of Notary Public

Notary Public for the State of \_\_\_\_\_

Residing at: \_\_\_\_\_

My commission expires: \_\_\_\_\_, 20\_\_\_\_

[SEAL/STAMP]